

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-15-2004 90027 001 ***150.00

DOCUMENT # H82565

1. Entity Name

DKF DISTRIBUTORS, INC.



Principal Place of Business

109 ROCKINGHAM CRT
LONGWOOD FL 32779
US

Mailing Address

C/O DAVID K. FREY
P O BOX 915721
LONGWOOD FL 32791-5721
US

66414991



MOORE CR2E034 (11/03)

2. Principal Place of Business

108 ROCKINGHAM CT

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

LONGWOOD, FL

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2611269

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FREY, DAVID KENNETH
108 ROCKINGHAM CT
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DAVID KENNETH FREY

Signature, typed or printed name of registered agent and title if applicable.

David Kenneth Frey

(NOTE: Registered Agent signature required when re-registering)

4/12/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PTD
FREY, DAVID KENNETH
108 ROCKINGHAM CT
LONGWOOD FL 32779

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VP
OGLE, JAMES E
6320 VERNON ST
ORLANDO FL 32818

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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☐ Change

☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David Kenneth Frey pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/04

DATE

407-788-9339

DAYTIME PHONE #